

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>Filed</i> <i>4/27/04</i></p> <p>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</p> </div> <div style="width: 50%;"> <p>SERIAL NO. <i>09439311</i></p> <p>FILING DATE</p> <p>APPLICANT(S)</p> </div> </div>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3			1				53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10				1			60						
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13				1			63						
14			1				64						
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16				1			66						
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26				1			76						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			7				TOTAL IND.						
TOTAL DEP.			21				TOTAL DEP.						
TOTAL CLAIMS			28				TOTAL CLAIMS						